Below are some physical problems that people with ***swallowing problems*** sometimes experience. In the last few days, **how often** you have experienced each problem as a result of your swallowing problem? *(circle one number on each line)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Almost always** | **Often** | **Sometimes** | **Hardly ever** | **Never** |
| Coughing | 1 | 2 | 3 | 4 | 5 |
| Choking when you eat food | 1 | 2 | 3 | 4 | 5 |
| Choking when you take liquids | 1 | 2 | 3 | 4 | 5 |
| Having thick saliva or phlegm | 1 | 2 | 3 | 4 | 5 |
| Gagging | 1 | 2 | 3 | 4 | 5 |
| Drooling | 1 | 2 | 3 | 4 | 5 |
| Problems chewing | 1 | 2 | 3 | 4 | 5 |
| Having excess saliva or phlegm | 1 | 2 | 3 | 4 | 5 |
| Having to clear your throat | 1 | 2 | 3 | 4 | 5 |
| Food sticking in your throat | 1 | 2 | 3 | 4 | 5 |
| Food sticking in your mouth | 1 | 2 | 3 | 4 | 5 |
| Food or liquid dribbling out of your mouth | 1 | 2 | 3 | 4 | 5 |
| Food or liquid coming out your nose | 1 | 2 | 3 | 4 | 5 |
| Coughing food or liquid out of your mouth when it gets stuck | 1 | 2 | 3 | 4 | 5 |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timing from date of surgery (circle):

Pre-operative 1-2 days post-op 6 weeks post-op 3 months post-op

6 months post-op 1 year post-op